

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

6182

State File No. 1981
Registrar's No.

1003

318

FILED MAR 10 1950

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis Mo</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4407 N. Florissant</i>			d. STREET ADDRESS (If rural, give location) <i>4407 N. Florissant</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Emma</i> b. (Middle) <i>C</i> c. (Last) <i>Figgemeier</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>2 28 1950</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8-15-1881</i>	9. AGE (In years last birthday) <i>68</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Louis Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>					
13a. FATHER'S NAME <i>Lebrecht Anders</i>		13b. MOTHER'S MAIDEN NAME <i>Pauline Grimme</i>		14. NAME OF HUSBAND OR WIFE <i>Anthony Figgemeier (deceased)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Marie Martin - 4407 N. Florissant</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of lung</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>163X</i>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 18, 1948</i> , to <i>Feb 28, 1950</i> , that I last saw the deceased alive on <i>Dec 13, 1949</i> and that death occurred at <i>9:30 a.m.</i> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>J. B. Lanter</i>		23b. ADDRESS <i>1325 Grand</i>		23c. DATE SIGNED <i>3-1-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-3-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Com</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>		
DATE REC'D BY LOCAL REG. <i>MAR 1 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Lanter</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Edward Koch + Son - 3516 E. 14th</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ronald A. Yahrke

Licensed Embalmer No. *3907*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.